

# This is me!! (But I may surprise you) Name.....

## Who I am

(Give details of personality, disability)  
(Use phrases like, I have, I get, I am, I like)  
My name is

I live in

I am      years old

## I Like

I like

I like

I am obsessed with

## I Dislike

I don't like

I don't like.

I don't like

I am nervous

## Medication / Personal care needs

I need regular medication while in HOPS care

I have a "hidden" medical conditions / Allergy

I need reminding to go to the toilet

## How I communicate

(I need time to process what said, I am a visual communicator)

## How to help me

(Use phrases like; let me , be upbeat, give me time to..., I need..... Distract me if.....)

## My Photo

Please place a current photo  
Of the young person in this  
space

## How to keep me safe and secure

(Use this box for distractions you use, anxiety and behaviour techniques used.)